Only

PAGE 1 / 7

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Zimmerman for Congress P.O. Box 220363 ADDRESS (number and street) (Check if address is changed) **Great Neck** 11022 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS jay@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://zimmermanforcongress.com/ (Check if address is changed) DATE 2022 C00801324 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Siegel, Bridget, , , Type or Print Name of Treasurer Siegel, Bridget, , , [Electronically Filed] 30 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Zimmerman, Robert, , ,	
	Candidate Party Affiliation DEM Office Sought: House Senate President	State NY District 03
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, expension of the Committee of the Commi	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperation	ve
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	>).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

	FEC Form 1	1 (Revised 02/2009)	Page 3
۷	Vrite or Type Comm	mittee Name	
	Zimmern	man for Congress	
6.	-	connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	idership PAC Sponsor
	Mailing Address	PO BOX 15320	
		WASHINGTON DC 20	003
		CITY ▲ STATE ▲	ZIP CODE ▲
	F		
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Rebooks and record	ecords: Identify by name, address (phone number optional) and position of the person in pos	session of committee
		Petterson, Jay, , ,	
	Full Name		
	Mailing Address	401 2nd Avenue South	
		Suite 303	
		Seattle WA 98	104
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	▼	
	Assistant Treasur	irer Telephone number	- 682 - 7328
8.		the name and address (phone number optional) of the treasurer of the committee; and the agent (e.g., assistant treasurer).	ne name and address of
	Full Name	Siegel, Bridget, , ,	
	of Treasurer		
	Moiling Adduses	P.O. Box 220363	
	Mailing Address		
		Great Neck NY 11	022
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position		
	Treasurer		_ 682 _ 7328
		Telephone number	

	FEC Form 1	(Revised 02/2009)		Page 4
	Full Name of Designated Agent	Petterson, Jay, , ,		
N	Mailing Address	401 2nd Avenue South		
		Suite 303		
		Seattle	WA	98104
т	itle or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Assistant Treasur		number	206 - 682 - 7328
		Depositories: List all banks or other depositories in which the commes or maintains funds.	ittee deposits	funds, holds accounts, rents
N	lame of Bank, D	epository, etc.		
		Bank of America		
M	lailing Address	10 Middle Neck Road		
		Great Neck	NY	11021
		CITY ▲	STATE ▲	ZIP CODE ▲
N	lame of Bank, D	epository, etc.		
M	lailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

5(g) or (h).	. Joint Fundraisir	ng Participant:		
	1.		FEC ID number	С
;	2.		FEC ID number	C
:	3		FEC ID number	C
ı	4.		FEC ID number	С
	ne of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
L				
	Mailing Address	P.O. BOX 220363		
		GREAT NECK	NY NY	11022
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
			t Fundraising Represent	ative Leadership PAC Sponsor
8. Des	ignated Agent: Identif	y by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			elephone Number	
safe Nam	nks or Other Deposito ety deposit boxes or ma ne of Bank, pository, etc.			ts funds, holds accounts, rents
r	Mailing Address			
	Maining Addiess			

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ___ **of** ____

(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	C
		Organization, Affiliated Committee, Joint Fundrai	sing Representativ	e, or Leadership PAC Sponsor
RE L_	D TO BLUE LO	NG ISLAND		
,	Mailing Address	122 C STREET NW		
'	Mailing Address	SUITE 360		
		WASHINGTON	, DC	20001
ı	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
			fundraising Represent	
Design	nated Agent: Identify	by name, address (phone number - optional)		
Fu	nated Agent: Identify Il Name	by name, address (phone number – optional)		
Fu	II Name	by name, address (phone number – optional)		
Fu	II Name	by name, address (phone number – optional)		
Fu Ma	II Name	CITY A	STATE A	ZIP CODE A
Fu Ma	II Name	CITY A	STATE A	ZIP CODE A
Fu Ma	II Name	CITY Tele ies: List all banks or other depositories in which th	ephone Number	
Fu Ma	ailing Address ITLE OR POSITION or Other Depositoric deposit boxes or main of Bank, iitory, etc.	CITY Tele ies: List all banks or other depositories in which th	ephone Number	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

5(g) o	r(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	HOUSE VICTOR	Y PROJECT 2022		
		600 PENNSYLVANIA AVE SE #15180		ı
	Mailing Address			
		WASHINGTON	DC DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sponsor
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name Mailing Address	CITY A	STATE A	
9.	Full Name Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main main main main main main main main	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦